

FILED FEB 21 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHDr. Simpson  
State File No. 4597

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 138					
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield, Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>				d. STREET ADDRESS (If rural, give location) <u>711 Cherry</u>							
3. NAME OF DECEASED (Type or Print) <u>Margaret</u>				a. (First)		b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11. 49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April, 10, 1868</u>		9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months Days IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home</u>				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (State or foreign country) <u>Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Lauer</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Maschino</u>				14. NAME OF HUSBAND OR WIFE <u>James Smalley</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr Fred Fifield Springfield, Mo</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Degenerative Heart Disease</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>1122</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>3-63</u>	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>1-15-49</u> , to <u>2-11-49</u> , that I last saw the deceased alive on <u>2-11-49</u> , and that death occurred at <u>9:30P</u> m., from the causes and on the date stated above.											
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Springfield, Mo.</u>				23c. DATE SIGNED <u>2-12-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/14/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Eastlawn</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield, Mo.</u>					
DATE REC'D BY LOCAL REG. <u>2-12-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Herman H. Lohmeyer Springfield Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Walter E. Hamels*

Licensed Embalmer No.

*3808*

P. O. Address

*Burgess Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.